

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD23-0086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOLUNTEES OF AMERICA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA ST NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 000	INITIAL COMMENTS  An initial licensure survey was conducted on March 29, 2010. The findings of the survey were based on an environmental inspection, review of the facility's Policies and Procedures and interview with the facility's management staff.	1 000	<p><i>Received 5/14/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>		
1 090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive, and sanitary manner, for five of five residents in the facility. (Residents #1, #2, #3, #4 and #5)  The findings include:  Observation and interview with the facility's house manager on March 13, 2010, beginning at 9:41 a.m. revealed the following:  1. A door to a staircase that led directly from Resident #4 's bedroom up to the attic was a door to a staircase that led directly from Resident #4's bedroom up to the attic was not secured with a lock. Inspection of the stairs and attic floorboards revealed that they were poorly lit and sagged considerably under the weight of an adult, thereby presenting a potential safety hazard.  2. Observation of Resident #2's bedroom closet revealed a large number of clothing and shoes	1 090		<p>1. The facility maintenance staff has placed a key lock on the door to prevent entrance to the attic. The attic is not used by anyone for any reason. The key is maintained by the Residential Coordinator.</p> <p>2. The individuals' closet have been cleaned and organized. Staffs assist individuals to maintain organized areas and will monitor all individuals as they move throughout the home to ensure all individual privacy is respected. The closets are check and organized daily. The Residential Coordinator will complete a monthly inspection (Report) of the home to ensure compliance and report concerns as required.</p>	<p>4/9/10</p> <p>3/29/10</p>

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

GB1411

If continuation sheet 1 of 4

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1 090	Continued From page 1  that were in disarray across the closet floor. The house manager indicated that Resident #3 was responsible; she reportedly went into everyone bedrooms and closets frequently, and moved their personal belongings. The house manager did not indicate what time of day this behavior allegedly occurred or why staff did not intervene. She did, however, indicate that funding for Resident #3 to receive one-to-one staffing support had just recently been approved (start date uncertain).  3. Observation of Resident #3's dresser revealed there were 4 different styles of knobs/handles on the dresser drawers. One drawer was without a handle.  4. The caulking around a bathtub located in the bathroom situated within a bedroom suite (formerly occupied by a resident who passed in 2009) was cracked and/or missing and, therefore, was in need of repair.  5. An exterior door leading from the nurse/QMRP office located on the second floor was not locked when checked at approximately 9:55 a.m. The door opened to a wooden staircase that led down into the backyard. When asked, the house manager stated that she was unaware of anyone using that door (that morning, or routinely). She indicated that she did not know how long it had been left unlocked. The interior door to the office routinely was kept locked to safeguard the residents' records and medical supplies. She acknowledged that the unsecured outer door presented a potential safety hazard for residents and staff. She further acknowledged that the residents' personal and confidential records were unprotected from potential intruders.	1 090	3. The knobs for the dressers have been replaced on the dressers. The staff will continue to monitor the individuals and report when items need repair. The Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required.  4. The facility maintenance staff has completed the removal of old caulking and replaced it with new caulking. The Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required.  5. This exterior door is kept locked at all times. The door to the office (interior door) is locked when no one is in the home/office and unlocked when in use.	4/16/10          4/7/10   3/29/10	

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1 090	<p>Continued From page 2</p> <p>6. There was orange and black mildew/fungus growing on the caulking on the inside and outside of the shower stall in the bathroom located in the central hall on the second floor.</p> <p>7. Observation of the bedroom shared by Residents #1 and #5 revealed that there was no physical barrier separating their bedroom area from an adjacent coatroom that was used by all residents and staff. The house manager acknowledged that the open space failed to ensure the residents' privacy while dressing and/or sleeping.</p> <p>8. The front panel of a kitchen drawer located immediately to the left of the stove (and under the counter) was discolored and curled outward.</p> <p>9. The walls in the dining room needed resurfacing and repainting.</p> <p>10. The spring-activated bar to a toilet paper holder was missing in the bathroom located on the first floor adjacent to the dining room.</p> <p>11. In the basement, two separate light fixtures on the ceiling were flickering continuously. The house manager indicated that they had been flickering that way, for reasons unknown, since she started employment in October 2009. She indicated that an electrician had been to the GHMRP to perform work. However, she acknowledged that the electrician had not been asked to inspect the basement area.</p> <p>12. There was a large supply of adult protective undergarments stored in the basement. While some of the boxes were placed upon flats, there were 17 cardboard boxes of undergarments placed on the bare floor of the basement. The</p>	1 090	<p>6. The facility maintenance staff has completed the removal of old caulking and replaced it with new caulking. The Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required.</p> <p>7. Staff and individuals have been instructed to store/place coats/jackets (not belonging to these ladies) in hall closet upstairs and to place bags/personal belongings in the individuals' bedrooms.</p> <p>8. The kitchen drawer had burnt contact paper on it. The cabinet was cleaned and the contact paper has been removed.</p> <p>9. The dining room walls have been resurfaced and repainted.</p> <p>10. A replacement spring-activated toilet paper holder has been put in place. The Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required.</p> <p>11. The light fixtures in the basement have been repaired. The new Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required..</p>	<p>4/7/10</p> <p>3/30/10</p> <p>3/30/10</p> <p>4/16/10</p> <p>3/29/10</p> <p>4/7/10</p>

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I 090	Continued From page 3  house manager acknowledged that a sump pump located nearby was designed to reduce the chances of basement flooding.  13. The cover surrounding the basement sump pump was not flush with the basement floor. The cover was raised approximately 2 1/2 inches from the floor and presented a potential safety hazard for persons using the laundry equipment.  14. There was a dark room off the far side of the main room in the basement. The dead bolt was unlocked. The only materials inside the room were 6 opened cans of house paint. The house manager stated that she had never looked in that room since she started employment in October 2009. She did not know whether anyone went in the room. When tested, the dead bolt lock was functional. The house manager indicated that there was no known key for the dead bolt lock. She further acknowledged that there was potential for someone to lock themselves inside the dark room.  15. There were 2 nails visibly protruding from steps leading from the first floor down to the basement.  Addendum:  On March 29, 2010 a follow-up visit was made at the facility. An interview was conducted with the Agencies Regional Director at approximately 9:00 a.m. The Regional Director, indicated the previously, cited environmental deficiencies found on March 13, 2010, had not been corrected.	I 090	12. More flats have been put in place to keep the supply of boxes off the floor. The sump pump has been repaired and is level to the floor. The Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required.  13. The sump pump has been repaired and is level to the floor. The Residential Coordinator will complete monthly inspections (Report) of the home to ensure all items are maintained in good repair and report concerns as required.  14. The dead bolt lock on this door has been replaced. The paint cans have been removed from the room. The room is not used and stays locked at all times.  15. The nails that were protruding from the steps have been removed and replaced with appropriate screws that fit into place.  Addendum  On March 29, 2010 Volunteers of America Chesapeake, DC Community Living Centers (VOAC-DCCLC) began providing services to the individuals at the Vista Street NE location. We were unable to make repairs before that date because we were not the lessee. On March 29 <sup>th</sup> , 2010 VOAC-DCCLC had its contractor come in to review work needed and also notified the landlord was notified of work needed. The work began on April 5, 2010. All of the sighted deficiencies have been addressed and completed as of April 23, 2010. Volunteers of America has made arrangements to move the ladies from this home to a new home. Further details will be available by May 25, 2010.	4/7/10  4/7/10  4/16/10  4/1/10